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Attention: Group Art Unit: 1745	From: Travis Dodd
Fax: 571-273-8300	Fax: 818-833-2065
Phone:	Phone: 818-833-2014
Company: U.S. Patent and Trademark Office	Company: Quallion LLC
	Pages: Total of (12) Pages
Re: Application Serial No.: 10/820,955 Title: BATTERY CONNECTION STRUCTURE AND METHOD Filed: April 7, 2004 Examiner: WILLS, Monique Group Art Unit: 1745 Attorney Docket No.: Q207-US1	Date: July 16, 2007

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Amendment Transmittal Letter (2 pages)
Fee Transmittal (in duplicate) (2 pages)
Amendment (7 pages)

Lisa K. Robbins
(Name of Person Signing Certificate)

(Signature)

Quallion LLC


PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/12 * RCVD AT 7/16/2007 6:53:57 PM [Eastern Daylight Time] * SVR:USPTO-EFAX-5/12 * DNIS:2738300 * CSID:8188332065 * DURATION (mm-ss):01-46

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/820,955
		Filing Date	April 7, 2004
		First Named Inventor	Berg, Paul et al.
		Group Art Unit	1745
		Examiner Name	Wills, Monique
Total Number of Pages in This Submission		Attorney Docket Number	Q207-US1

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Authorized <input checked="" type="checkbox"/> Amendment After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Assignment Papers <i>(for an Application)</i> Drawing(s) Licensing-related Papers Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) _____	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> Proprietary Information Status Letter Other Enclosure(s) <i>(please identify below):</i> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Remarks		

Customer Number or Bar Code Label	31815 <i>(Insert Customer No. or Attach bar code label here)</i>
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed.	
Respectfully submitted,	
Dated: 7/16/2007 Phone: (818) 833-2003 Fax: (818) 833-2065	By:  Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127

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Signature		Date	

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 Fax: (818) 833-2065

By:


 Travis Dodd
 Attorneys for Applicant(s)
 P.O. Box 923127
 Sylmar, CA 91392-3127

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Filing Date:	April 7, 2004
Examiner Name:	1745
Group/Art Unit:	Wills, Monique

TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:</p> <p>Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC</p> <p><input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other - Credit Card</p>


2. UTILITY Basic Filing Fee & Claims

(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	XX	XX	\$300.00	\$150.00	\$0.00
Total Claims	24 - 26 =	0	X \$50.00	X \$25.00	\$0.00
Independent Claims	4 - 5 =	0	X \$200.00	X \$100.00	\$0.00
Multiple Dependent Claim(s) (if applicable)			\$360.00	\$180.00	\$0.00
Total of above Calculations =					\$0.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$0.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$0.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$0.00
Total of above Calculations =			\$0.00

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/16/2007

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	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL:			\$

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)	42,491
Signature		Date	7/16/2007